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APPLICATION NO. FILING DATE	TOTAL CLAIMS	16	EXAMINER AND GROU	JP ART UNIT	DATE MAILED
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Applicant LEWNO,	JEFFRE'	Y A.			
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Donnelly Corpora  (B) RESIDENCE: (CITY & STATE OR COUNTRY)  Holland, Michiga  Please check the appropriate assignee category indicated be  individual Scorporation or other private group entite	1	4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER 22-0190  (ENCLOSE AN EXTRA COPY OF THIS FORM)  ISsue Fee  Advance Order - # of Copies 10			
THE COMMISSIONER OF PATENTS AND TRADEMARKS IS RE	equested to apply the Issue	Fee to the applic	ation identified above.		
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Burden Hour Statement: This form is estimated to take 0.2 depending on the needs of the individual case. Any comme of complete this form should be sent to the Chief Information of the Chief Information (Fig. Washington, D.C. 20231. DO NOT SEND FEES OF DDRESS. SEND FEES AND THIS FORM TO: Box Issue attents. Washington D.C. 20231	ints on the amount of time on Officer, Patent and T R COMPLETED FORMS	rademark	09/24/1998 SHARREL 01 FC:142 02 FC:561		105 120.00 OP 30.00 OP

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				Sept !!	1998	(Date)		
APPLICATION NO.	FILING DATE	LING DATE TOTAL CLAIMS			EXAMINER AND GROUP ART UNIT			
08/924,405	08/22/97	125	NILAND, 1	•	1714	07/24/98		
First Named Applicant LEWNO,		JEFFR	EY A.					
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Use of PTO form(s) and Customer Number are recommended, but not required.  (1) the name attorneys or the name of PTO/SB/122) attached.  (1) the riam attorneys or the name of member a and the name of member and the name of				ting on the patent front page, list mes of up to 3 registered patent or agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) mes of up to 2 registered patent or agents. If no name is listed, no be printed.  Van Dyke, Gardner, Linn 1 Burkhart, LLP  2				
3. ASSIGNEE NAME AND RESIDEN PLEASE NOTE: Unless an assign Inclusion of assignee data is only the PTO or is being submitted und filling an assignment.  (A) NAME OF ASSIGNEE	ee is identified below, no ass appropiate when an assignm ler separate cover. Completi	signee data will appea ent has been previou on of this form is NO	ar on the patent.	4a. The following fees are of Patents and Tradem  XX Issue Fee  XX Advance Order - # 6	narks):	k payable to Commissioner		
Donnelly Corporation				4b. The following fees or deficiency in these fees should be charged to:				
(B) RESIDENCE: (CITY & STATE OR COUNTRY)				DEPOSIT ACCOUNT NUMBER 22-0190				
Holland, Michigan Please check the appropriate assignee category indicated below (will not be printed on the patent)				(ENCLOSE AN EXTRA COPY OF THIS FORM)  □ Issue Fee				

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

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